## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-01-2008</u>	Address:	8015 S Doberman St.
Case #:	<u>32-28271</u>		Terre Haute, IN
County:	Vigo		<u>47802</u>
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location ( Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel  Open - No Structure  Other;
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)			
Yes No *If yes, fax re  This repor  Fire Depart  Health Dep	er age 18 discovered (cheek one) (number present)  eport to Child Protective Services  t is to be faxed to the following agentment: Riley VFD  cartment: Vigo County  ection Service: N/A	Ephedrin Retail/M Other:	<u>ocation</u> : 394-3610
For further information regarding this methaniphetamine laboratory, contact Investigating Officer: <u>Ritch A. Reynolds</u> Phone (812)299-1153			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.